

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOI USE WITH FORM PTO-875)				SERIAL NO.		FILING DATE	
				APPLICANT(S) <div style="font-size: 1.5em; font-weight: bold;">097485245</div>			
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				51
2		/		/			52
3		/		/			53
4		/		/			54
5		/		/			55
6		/		/			56
7							57
8							58
9							59
10							60
11							61
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39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	6		6				TOTAL IND.
TOTAL DEP.		7	7				TOTAL DEP.
TOTAL CLAIMS							TOTAL CLAIMS